

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

STRAIT FOR CONGRESS

ADDRESS (number and street)

717 ADDISON RD S

Check if different
than previously
reported. (ACC)

CAPITOL HEIGHTS

MD

20743

2. FEC IDENTIFICATION NUMBER ▼

C

C00579466

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MD

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2015

through

M M / D D / Y Y Y Y
12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Crystal Elaine Hudson

Signature of Treasurer

Crystal Elaine Hudson

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

STRAIT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	438.18	438.18
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	438.18	438.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2107.20	2107.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2107.20	2107.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2402.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 7

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

STRAIT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

291.18

291.18

(iii) TOTAL of contributions from individuals ▶

291.18

291.18

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

147.00

147.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

438.18

438.18

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

438.18

438.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 7

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2107.20	2107.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1172.91	1172.91
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3280.11	3280.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5244.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	438.18
25. SUBTOTAL (add Line 23 and Line 24).....	5682.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3280.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2402.47

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 7

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

STRAIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

TERENCE Michael STRAIT Jr.

Mailing Address 717 ADDISON RD S

City

CAPITOL HEIGHTS

State

MD

Zip Code

20743

FEC ID number of contributing
federal political committee.**C** H6MD04258

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

49.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		25		2015

Transaction ID : SA11D.4107

Amount of Each Receipt this Period

49.00

website payment

Full Name (Last, First, Middle Initial)

TERENCE Michael STRAIT Jr.

Mailing Address 717 ADDISON RD S

City

CAPITOL HEIGHTS

State

MD

Zip Code

20743

FEC ID number of contributing
federal political committee.**C** H6MD04258

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

98.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		25		2015

Transaction ID : SA11D.4109

Amount of Each Receipt this Period

49.00

website payment

Full Name (Last, First, Middle Initial)

TERENCE Michael STRAIT Jr.

Mailing Address 717 ADDISON RD S

City

CAPITOL HEIGHTS

State

MD

Zip Code

20743

FEC ID number of contributing
federal political committee.**C** H6MD04258

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

147.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		25		2015

Transaction ID : SA11D.4110

Amount of Each Receipt this Period

49.00

website payment

SUBTOTAL of Receipts This Page (optional).....

147.00

TOTAL This Period (last page this line number only).....

147.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 7

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STRAIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Anne Arundel County NAACP unit 7008

Mailing Address P,O, Box 6210

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement
banquet tickets and ad

004

Category/
Type

Candidate Name

STRAIT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

205.00

Transaction ID : SB17.4113

B. Bulldog Finance Group

Mailing Address 1250 Connecticut Ave NW #200

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
payment for fundraising services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4101

c. Crystal Elaine HudsonMailing Address P.O. box 817
32 W Main St

City	State	Zip Code
Rising Sun	MD	21911

Purpose of Disbursement
reimbursement of expenses

001

Category/
Type

Candidate Name

STRAIT FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

Amount of Each Disbursement this Period

255.20

Transaction ID : SB17.4111

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1960.20

1960.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 7

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

STRAIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Jane Hudson

Mailing Address 580 Craigtown Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

City	State	Zip Code
Port Deposit	MD	21904

Amount of Each Disbursement this Period

Purpose of Disbursement
repayment of loan

1172.91

Candidate Name

STRAIT FOR CONGRESS

003

Category/
Type**Transaction ID : SB21.4137**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 04

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1172.91

1172.91